

MISHAP REPORT FORM		DATE OF REPORT		THIS REPORT MUST BE COMPLETED IN ACCORDANCE WITH CAPR 62-2 FOR ALL CAP MISHAPS			
INSTRUCTIONS: This report must be completed by the unit commander or designee and forwarded within 48 hours following each accident which results in injury to any person and/or damage to any property during CAP activities. See CAPR 62-2, paragraph 5, for distribution.							
DATE OF MISHAP		TIME OF MISHAP		REGION		WING	
PLACE OF MISHAP							
TYPE MISHAP (Check one or more) <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Vehicle <input type="checkbox"/> Aircraft <input type="checkbox"/> Flight <input type="checkbox"/> Ground							
AIRCRAFT OR VEHICLE							
A/C OR VEH NO.	A/C N-NUMBER OR VEH IDENTIFICATION NO.	YEAR/MAKE/MODEL	APPARENT DAMAGE SUSTAINED			EST REPAIR COSTS (OR MARKET VALUE IF TOTAL LOSS)	
1							
2							
PRIVATE PROPERTY DAMAGE OTHER THAN AIRCRAFT OF VEHICLE (OBJECT DAMAGED AND EXTENT OF DAMAGE):							EST REPAIR COSTS
A. PERSON AT CONTROLS							INJURY
A/C OR VEH NO.	GRADE AND NAME	AGE	PHONE NUMBER	CAP UNIT NO.		FATAL	NONFATAL
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
CAP Operator's License No. Veh 1:				CAP Operator's License No. Veh 2:			
B. CODE: W-WITNESS P-PASSENGER S-SCANNER O-OBSERVER Z-OTHER (SPECIFY BELOW)							INJURY
A/C OR VEH NO.	GRADE AND NAME	AGE	PHONE NUMBER	CODE	CAP UNIT NO.	FATAL	NONFATAL
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
Code Z (Specify Here):							
C. OWNER OF AIRCRAFT OR VEHICLE							INJURY
A/C OR VEH NO.	GRADE AND NAME	AGE	PHONE NUMBER	CAP UNIT NO.		FATAL	NONFATAL
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
D. PERSON(S) INJURED NOT AS A RESULT OF AIRCRAFT OR VEHICLE MISHAP							INJURY
GRADE AND NAME		AGE	PHONE NUMBER	CAP UNIT NO.		FATAL	NONFATAL
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF ACTIVITY:							
MOVEMENT OF AIRCRAFT OR VEHICLE WAS REQUESTED BY:							

For Ground Vehicle. Seat belt used? <input type="checkbox"/> Yes <input type="checkbox"/> No		For Pilot. Has PIC participated in FAA Pilot Proficiency Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No Which phase? <input type="checkbox"/> Yes <input type="checkbox"/> No (Enter last phase completed)	
PERSON AUTHORIZING MOVEMENT OF A/C OR VEH OPERATED BY CAP PERSONNEL:			
GRADE AND NAME	POSITION	ADDRESS	PHONE NUMBER
ACCOUNT OF MISHAP: (Be brief and do not include statement or comments about fault or liability. Include sketches, diagrams, or additional pages if appropriate). (Refer to CAPR 62-2 before completing).			
WEATHER CONDITIONS AT TIME OF MISHAP: <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Ice <input type="checkbox"/> Tornado Temperature: Degrees Visibility: Miles A/C MISHAPS ONLY Dewpoint: Degrees Ceiling: Feet Wind: Kts Wind Dir:			
PILOT INFORMATION		FOR PILOT IN COMMAND	FOR COPILOT OR STUDENT PILOT
TOTAL TIME			
TIME LAST 6 MONTHS			
TIME LAST 3 MONTHS			
TIME THIS MODEL			
NO. OF LANDINGS LAST 90 DAYS			
NO. OF FLIGHTS LAST 90 DAYS			
DATE OF LAST FORM 5 CHECKFLIGHT			
DATE OF LAST FORM 91 CHECKFLIGHT			
TIME IN RETRACTABLE GEAR IF APPLICABLE			
DATE OF FAA MEDICAL			
FAA RATING/CERTIFICATES/EXPIRATION DATES			
ANY PREVIOUS MISHAPS (EXPLAIN ABOVE)			
GENERAL (Check Yes, No, or Not Applicable)			
	Yes	No	N/A
Trip Authorized by CAP Orders/Form 99?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs Taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE NTSB NOTIFIED AND LOCATION:		CHECK ONE: (IAW NTSB PART 830) <input type="checkbox"/> Accident <input type="checkbox"/> Incident	
PHONE NUMBER OF PERSON COMPLETING THIS REPORT :		UNIT AND CHARTER NUMBER:	
GRADE, NAME, AND CAPSN OF PERSON COMPLETING THIS REPORT:		SIGNATURE:	